



# FEDERAL EMPLOYEE BENEFITS

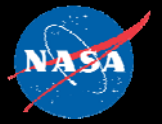
**2005 OPEN SEASONS  
FEHB, TSP, FEDFLEX**



## DATES:

FEHB and FSAFEDS – November 14 through  
December 12, 2005


Thriffs Savings Plan – No more open seasons



- How to make FEHB and TSP enrollment changes and the benefits of Employee Express



https://www.employeeexpress.gov - MainMenu - Microsoft Internet Explorer

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**PRESS**

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### Main Menu

Payroll - Personnel Actions	Earnings and Leave
<p>Your information was last updated on <b>November 12, 2005.</b></p> <p>To view a summary of your current information, select <a href="#">View Summary of Information.</a></p> <p>You may view or change the following payroll-personnel information using Employee Express.</p> <ul style="list-style-type: none"><li><a href="#">Direct Deposit</a></li><li><a href="#">Federal Employee Health Benefits</a></li><li><a href="#">Federal Tax</a></li><li><a href="#">FEHB Premium Conversion</a></li><li><a href="#">FEHB Qualifying Life Event</a></li><li><a href="#">Financial Allotment</a></li><li><a href="#">Home Address</a></li><li><a href="#">Savings Bond</a></li><li><a href="#">State Tax</a></li><li><a href="#">Thrift Savings Plan</a></li></ul>	<p>Your leave and earnings information was last updated on: <b>November 12, 2005.</b></p> <p><b>Gross Pay:</b></p> <p><b>Net Pay:</b></p> <p><b>Annual Balance:</b></p> <p><b>Sick Balance:</b></p> <p><b>Comp Balance:</b></p> <p>To view your earnings and leave statement, select <a href="#">Earnings and Leave.</a></p>

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## EMPLOYEE EXPRESS

- Available 24 hours per day/7 days a week
- Can be reached at [www.employeeexpress.gov](http://www.employeeexpress.gov) or by calling (478) 757-3169 from work or (800) 571-3453 from home
  - TDD (478) 757-3117 from work or (888) 880-0412 from home
- Downloads nightly to the Federal Personnel Payroll System (FPPS)
- At your request, issues an e-mail confirmation of your transaction
- Processes requests for new PINs by e-mail usually the same business day



## TIPS ON USING EMPLOYEE EXPRESS

- PIN numbers are issued to new employees within 4-6 weeks of employment
- The system will verify your change and an approximate effective date will be given
- Continue through the transaction and request a confirmation
- Maintain a copy of the confirmation



## REQUESTING A NEW PIN

- To request a new PIN online, you will need your SSN, current TSP contribution amount or percentage, current FEHB code, a valid Government e-mail address.
- Online requests for PINs will usually be e-mailed the same business day.
- You may request a PIN by calling the Help Desk at (478) 757-3030. The new PIN will be mailed to your address of record in FPPS the next business day, taking 7 to 10 days for receipt.





## PROBLEMS USING EMPLOYEE EXPRESS

- If you have problems using employee express, bring your PIN to the OHRWP Benefits Staff and we will assist you.
- You are cautioned not to make multiple transactions to TSP or FEHB during open seasons.





## OPEN SEASON ENROLLMENT OPPORTUNITIES - FEHB

- You may enroll during the open season if you are an eligible employee. If you are enrolled, you may change plans, options, or type of enrollment.
- If you do not want to make a change in health plans, you should not take any action at all. Just be sure to review how the plan changes and how your premium WILL increase. Do not rely solely on the premiums or comparison chart to make your decision. Carefully review the plan brochure.
- You may elect to waive premium conversion, cancel, or change from a family to self only enrollment.



## ELIGIBLE FAMILY MEMBERS

Family members eligible for coverage under self and family enrollment are your spouse and unmarried dependent children under age 22, including legally adopted and recognized natural (born out of wedlock), and children who meet certain dependency requirements. Stepchildren and foster children are included if they live with you in a regular parent-child-relationship. An unmarried dependent child age 22 or over who is incapable of self support because of a mental or physical disability that existed before age 22 is also an eligible family member.



## OPEN SEASON EFFECTIVE DATES

- Most open season changes will be effective January 8, 2006.
- Employees in a leave-without-pay status will have their enrollment changes effective at the beginning of a pay period following a pay period in which they were in a pay status.
- Belated open season changes will be retroactive to January 8, 2006.



# ENROLLMENT CHANGES

- Changes must be made through Employee Express.



## IDENTIFICATION CARDS

- Employees should receive their enrollment cards before the effective date of the change.
- In the event that you do not receive your cards and you need medical attention, your confirmation is verification of your enrollment.
- In an emergency, copies of the enrollment confirmation can be faxed to the carrier to expedite the enrollment. Contact the Benefits Office.



## PREMIUMS

- The Government contribution is roughly 72 percent of the total premium.
- Part-time employees pay a percentage of the Government share based on their part-time work schedule.





# PREMIUM INCREASES

## Primary Cost Drivers

- Improvements In Medical Technology
- Increased Utilization
- Fraud And Abuse
- Prescription Drugs and Drug Advertisements





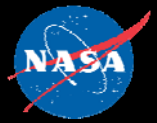
## THE 5-YEAR RULE

The 5-year law requires that you be enrolled in the FEHB Program, not a specific plan, for 5 continuous years in order to carry the coverage into retirement. This applies to regular, disability retirement, and OWCP.



## AVAILABLE PLANS

- Fee-For-Service (FFS)
  - Choose any doctor or hospital. Benefits paid based on whether or not the provider is in the PPO network. If the provider is not in the PPO network your payment is subject to plan deductibles and copayments.
  - The most up-to-date listing of PPOs is maintained on your plan Web site.
- Health Maintenance Organization (HMO)
  - Members must choose a PCP. The PCP coordinates care, referrals, and pre-certification.



## AVAILABLE PLANS (cont.)

### Health Savings Account (HSA)

- By law, HSAs are available to members who enroll in an HDHP, are not Medicare enrolled, are not covered by another health plan, or are not claimed as a dependent on someone else's Federal tax return. The health plan credits a portion of the health plan premium to the HSA. The credited amount is different for a Self Only enrollment than for a Self and Family enrollment. You have the option to make additional tax-free contributions to your account, so long as total contributions do not exceed the limits established by law, generally the plan deductible. The funds can be used to pay for your plan deductible and/or qualified medical expenses that do not count towards your deductible.
- Features of an HSA include:
  - Your own HSA contributions are tax-deductible
  - Interest earned on your account is tax-free
  - Withdrawals for qualified medical expenses are tax free
  - Unused funds and interest are carried over, without limit, from year to year
  - You own the HSA and it is yours to keep — even when you change plans or retire
  - Your HSA is administered by a trustee/custodian



## Available Plans (cont.)

# High Deductible Health Plans

- A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA) provides traditional medical coverage and a tax free way to help you build savings for future medical expenses. The HDHP/HSA or HRA gives you greater flexibility and discretion over how you use your health care benefits.
- The HDHP features higher annual deductibles (a minimum of \$1,100 for Self and \$2,200 for Self and Family coverage) than other traditional health plans. The maximum amount out-of-pocket limits for HDHPs participating in the FEHB Program in 2005 is \$5000 for self and \$10,000 for Self and Family enrollment. Depending on the HDHP you choose, you may have the choice of using in-network and out-of-network providers. Using in-network providers will save you money. With the exception of preventive care, you must meet the annual deductible before the plan pays benefits. Preventive care services are generally paid as first dollar coverage or after a small deductible, or copayment. A maximum dollar amount (up to \$300, for instance) may apply.
- When you enroll in an HDHP, the health plan determines if you are eligible for a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). If you are Medicare enrolled, you are not eligible for an HSA. Each month, the plan automatically credits a portion of the health plan premium into your HSA or HRA, based on your eligibility as of the first day of the month. You can pay your deductible with funds from your HSA or HRA. If you have an HSA, you can also choose to pay your deductible out-of-pocket, allowing your savings account to grow.



## Health Reimbursement Arrangement (HRA)

- If you select a HDHP and you are not eligible for an HSA, you will be given an HRA. The health plan will credit a portion of the health plan premium to your account. The amount for either a Self Only enrollment or a Self and Family enrollment will be the same as the amounts that will be deposited in HSAs in the same plan. You can use funds in your account to help pay your health plan deductible and/or qualified medical expenses that do not count toward the deductible. You also can use the account to pay medicare premiums.
- Features of an HRA include:
  - Tax-free withdrawals for qualified medical expenses
  - Carryover of unused credits, without limit, from year to year
  - Credits in an HRA do not earn interest
  - Credits in an HRA are forfeited if you switch health plans, or if you leave federal employment other than to retire
  - Your HRA is administered by the health plan





## Plans with Consumer Driven, HSA/HRA

- APWU
- GEHA
- Mail Handlers Benefit Plan
- Aetna
- AultCare



## PROGRAMWIDE CHANGES

- Plan Comparison Guides are available at <http://www.opm.gov/insure/06/guides/index.asp>
- All plans have included information in their plan brochures pertaining to:
  - Preventive benefits for colonoscopies for cancer screening
  - Preventive benefits for aortic abdominal aneurysms
  - Medicare D – Rx drug program
  - Changed benefits for osteoporosis screening – most plans





# APWU HEALTH PLAN

[www.apwuhp.com](http://www.apwuhp.com)

- High Option:

- Your share of the non-Postal premium will decrease by 16.7 percent for Self Only or 7.9 percent for Self and Family.
- The Plan now covers one routine examination per person every two calendar years after age 12 to a PPO provider only.
- For prescription drugs, the copayment for mail order generic drugs will increase to \$15.



## APWU HEALTH PLAN (Continued)

- Consumer Driven Health Plan
  - Your share of the non-Postal premium will not decrease for Self Only or decrease by 3.4 percent for Self and Family.
  - The In-network catastrophic protection limit for a Self Only enrollment will be reduced to \$3,000 per year.
  - Under In-network preventive care, children, the Plan will cover one Meningococcal Conjugate vaccine for children at risk.



## GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION (GEHA)

[www.geha.com](http://www.geha.com)

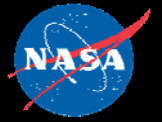
- High Option:
  - Premium increase
  - Inpatient deductible per admission
  - Increase copay for prescription drugs
- Standard Option:
  - No premium increase
- High Deductible Health Plan
  - Premium decrease



# MAIL HANDLERS BENEFIT PLAN

[www.mhbp.com](http://www.mhbp.com)

- Premium increase in both Standard and High Option
- Now covers osteoporosis screening for ages 60-64
- Reimbursement of co-surgeons increase to 62.5 percent
- Reimbursement level for assistant surgeons decreased to 16 percent



## NALC Health Benefit Plan

[www.nalc.org/depart/hbp](http://www.nalc.org/depart/hbp)

- Premium increase
- You now pay nothing for covered outpatient lab services performed by Quest Diagnostics
- Plan pays a maximum of \$135/day up to 50 days/year for nursing services
- You pay 10 percent of mental health and substance abuse in-network inpatient services provided by a hospital or other facility.



## PBP Health Plan (Postmasters) [www.php.org](http://www.php.org)

- Increased premiums for Standard and High Option
- PPO network changed to PHCS PPO network
- Increased prescription drug co-pay
- Additional services requiring pre-certification; i.e., home health care, infusion therapy, etc.
- Added preventive care benefits; i.e. well care child exams up to age 22, total cholesterol tests, diabetes screening tests for non-diabetics





## Service Benefit Plan (Blue Cross and Blue Shield) [www.fepblue.org](http://www.fepblue.org)

- Standard Option
  - Premium increase
  - Limited benefits for licensed chiropractors
  - Limited benefits for licensed acupuncturists
- Basic Option:
  - No change in premium
  - Provide benefits in full for outpatient diagnostic tests billed by a hospital or ambulatory surgical center.
  - Inpatient maternity care by a PPO facility \$100 per admission deductible





## AETNA OPEN ACCESS

[www.aetna.com/fehbp](http://www.aetna.com/fehbp)

- Increased premium
- Decrease outpatient hospital or ambulatory surgical center copay to \$125
- Self-injectable drugs now covered only under pharmacy
- Urgent care center \$100 copay
- Optic nerve imaging methods for glaucoma or retinal diseases
- Dental PPO option



## Aetna Health Fund (Consumer Driven-HDHP)

- **Consumer Driven Plan**
  - Premium decrease
  - Optic nerve imaging methods for glaucoma/retinal diseases
  - Out of network outpatient hospital emergency care – you pay 15 percent of plan allowance
- **High Deductible Health Plan**
  - Premium decrease
  - Increased monthly deposits to HSA
  - Voluntary contribution allowance decreased due to increase in deposit
  - Out of network outpatient hospital emergency care – you pay 10 percent of plans allowance



# AultCare HMO

[www.aultman.com](http://www.aultman.com)

- No new data



## BLUE HMO [www.anthem.com](http://www.anthem.com)

- Increased premiums
- Hospice care benefit now includes services in a hospice facility with no copay



# HMO HEALTH OHIO

- Premium increase
- No change in benefits



# HOMETOWN HEALTH PLAN

- No new data





## KAISER FOUNDATION HEALTH PLAN

- Premium increase
- Increased primary care/specialist co-pay to \$15
- Increased inpatient hospitalization co-pay to \$200
- Increased ER co-pay to \$75
- Increased group therapy mental health co-pay to \$7
- Increased eligible age to at least 18 for surgical treatment of morbid obesity
- **NEW:**
  - Standard Option
    - Lower premium
    - Higher co-pays



# SUMMA HEALTHCARE

- Premium increase
- Expanded network of affiliated health care providers



## SUPER MED HMO

- **Gigantic** premium increase 79 and 68 percent
- No change in benefits



## New Plan for 2006 – United Health Care

- Physician services - \$20 co-pay
- Diagnostic services - \$0 co-pay
- Specialist visits - \$20 co-pay
- Outpatient surgical procedures - \$20 co-pay
- Maternity first visit - \$20 co-pay, other paid in full
- Inpatient hospital \$250 per admission
- Hospice \$250 per inpatient hospital admission
- Eye refraction exam \$20 – one every other year



## Plans with Dental Coverage

- APWU – limited schedule of benefits
- APWU CDHP – you pay any amount over \$400/800
- BC/BS – limited schedule of benefits
- GEHA – limited schedule of benefits
- GEHA Dental Connection – available to all Federal employees – additional premium
- Mail Handlers Benefit Plan – High Option limited schedule of benefits
- Mail Handlers Supplemental Dental – available to all Federal employees – additional premium



## Plans with Dental Coverage (cont.)

- PBP – limited schedule of benefits
- Aetna Open Access – limited schedule of benefits
- Aetna Health Fund – in network preventive
- Blue HMO – limited schedule of benefits
- Kaiser – members only
- United Health Care – members only





## TEMPORARY CONTINUATION OF COVERAGE (TCC)

- Employees who are separating, for reasons other than gross misconduct, can carry FEHB for up to 18 months, paying 102 percent of the premium.
- Former spouses and children turning 22 or getting married can carry FEHB for up to 36 months, paying 102 percent of the premium.
- Eligible employees, former spouses, and children turning 22 must contact the Benefits Office for information concerning enrollment timeframes and opportunities.



## MEDICARE AND FEHB

- Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) is coverage for those over age 65, or certain disabled and is free for anyone who retired after January 1, 1983. It covers inpatient hospital charges
- Medicare Part B costs \$78+/- per month and covers outpatient medical expenses, with the exception of prescription drugs
- Anyone covered by an employer health plan and eligible for Medicare can elect Part A and waive Part B until retirement. In this instance Medicare waives the 10-percent penalty on the Medicare premium. The penalty is 10 percent for each year over 65 that you do not elect Part B. This is recommended because while still employed the employees health plan is the primary payer and you are subject to both the plan and Medicare deductibles and copayments



## Medicare Part D – Prescription Program

- Per OPM – Most Federal employees do not need to enroll in the Medicare drug program.
- All FEHB plans will have prescription drug benefits that are at least equal to the standard Medicare prescription drug coverage.



## MEDICARE AND FEHB (Continued)

- As an annuitant, Medicare is primary and the fee for service plan is secondary. In most cases the FEHB Fee for Service plan will waive their deductibles and copayments if an annuitant is covered by Medicare Parts A and B. The annuitant then is reimbursed for medical care at 100 percent.



# TRICARE FOR LIFE

- TRICARE For Life is a comprehensive health care coverage for Medicare eligible beneficiaries age 65 and over. It acts as a secondary payer to Medicare, offers hassle free claims processing, and worldwide coverage.
- The Office of Personnel Management (OPM) will allow TRICARE eligible FEHB Program annuitants and former spouses to suspend their FEHB enrollments, and then return to the FEHB Program during the Open Season, or return to FEHB coverage immediately if they involuntarily lose TRICARE coverage. The intent of this rule is to allow TRICARE eligible beneficiaries to avoid the expense of continuing to pay FEHB Program premiums while they are using TRICARE coverage, without endangering their ability to return to the FEHB Program in the future.





# TSP

- No Open Seasons, you can start, stop, or change the amount you are contributing at any time.
- There is no longer a percentage or dollar limit on the amount you contribute each pay period.
- The only limit is the IRS limit on tax deferred contributions (\$15,000 for 2006).
- Participant statements are no longer mailed, they are on line at the [www.tsp.gov](http://www.tsp.gov) site.
- Loan interest rate for new loans is 4.375 percent





## TSP OPEN SEASON (Continued)

- **ALL** changes must be made through Employee Express.
- **Fund Allocations:** Your biweekly contributions can be changed at anytime through the Account Access menu choice on the TSP Web site ([www.tsp.gov](http://www.tsp.gov)).
- **Interfund Transfers** (movement of your old money): The TSP processes interfund transfer requests within 2 business days of receipt. Interfund transfers can be done through the Account Access menu choice on the TSP Web site or by submitting a TSP-50 to the Thrift Board. **Do not send the form in a Government franked envelope, it will not be processed.** A confirmation of your request will be sent to you from the Thrift Board.
- Loan Applications are now processed online and the money deposited in your account within days.



# TSP Catch-Up Contributions

- If you are age 50 or older and you are already contributing the maximum amount of regular TSP contributions for which you are eligible, you may elect to make up to \$4,000 for 2006.
- You must make a new election each calendar year (this limit changes annually).
- The 2006 tax year begins with the pay period beginning December 11, 2005.
- Catch up elections submitted prior to December 11, 2005, can be spread out over 26 pay periods.
- Catch up contributions can be started or stopped at any time during the tax year. They are not tied to an open season.



# TSP Rates of Return

Rates of Return were updated on **November 1, 2005**.

<b>October 2005</b>	<b>G Fund</b>	<b>F Fund</b>	<b>C Fund</b>	<b>S Fund</b>	<b>I Fund</b>
	0.36%	(0.75%)	(1.66%)	(2.33%)	(2.90%)

## **Last 12 Months\***

(11/1/2004 -10/31/2005)	4.34%	1.15%	8.75%	17.10%	17.47%
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\* The G, F, C, S, and I Fund returns for the last 12 months assume unchanging balances (time-weighting) from month to month, and assume that earnings are compounded on a monthly basis.

<b>October 2005</b>	<b>L 2040</b>	<b>L 2030</b>	<b>L 2020</b>	<b>L 2010</b>	<b>L Income</b>
	(1.90%)	(1.67%)	(1.34%)	(0.93%)	(0.17%)

## **Monthly Returns**

The monthly G, F, C, S, and I Fund returns represent the change in their respective share prices for the month. The changes in share prices reflect net earnings after accrued TSP administrative expenses have been deducted. The F, C, S, and I Fund share prices also reflect the deduction of trading costs and accrued investment management fees.



## New TSP Fund – L Fund

- The L Funds provide you with a convenient way to diversify your account among the G, F, C, S, and I Funds, using professionally determined investment mixes that are tailored to different time horizons. Your “time horizon” is the date (after you leave Federal service) that you think you will need the money in your TSP account. Because it is important for each L Fund to maintain its target investment mix, the TSP will automatically rebalance each L Fund daily. Each quarter, the investments in each L Fund will shift to a slightly more conservative mix. In addition, experts will review the investment mixes periodically to be sure they are still appropriate.
  - L 2040
  - L 2030
  - L 2020
  - L 2010
  - L Income



# FEDERAL LONG TERM CARE INSURANCE

- An open season is not currently scheduled for making an abbreviated application.
- Applications can be submitted to Long Term Care Partners at any time using the standard application available at [www.ltcfeds.com](http://www.ltcfeds.com).
- Information, frequently asked questions, and everything you need to know about Federal Long Term Care is available at either the OPM Web site or at the Long Term Care Partners site.





# FSAFEDS

- You must make an election to enroll even if you are currently enrolled; you must make a new election to continue participating in 2006.
- Enroll online anytime during open season (November 14 through December 12, 2005) at [www.fsafeds.com](http://www.fsafeds.com).
- Call the toll free number 1-877-372-3337, Monday through Friday, from 9 a.m. to 9 p.m. eastern time, and an FSAFEDS Benefits Counselor will help you apply.
- The plan is administered by SHPS. They will be responsible for enrollment, claims processing, customer service and day-to-day operations.
- All employees eligible to participate in FEHB are eligible to participate.





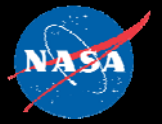
## FSAFEDS(Continued)

- Plan carefully when deciding how much to contribute to an FSA.
- Current IRS regulations require that you forfeit any funds remaining in your account at the end of the plan year.
- You will have until May 31, 2006, to submit claims for your eligible expenses incurred during 2005.
- There is a 2 ½ month grace period for incurring eligible expenses.
- FSAFEDS Calculator at [www.fsafeds.com](http://www.fsafeds.com) will help you plan your allocation and provide an estimate of your tax savings based on your individual situation.
- Health Care FSA can pay for any medical services and supplies that are not covered by your FEHB plan and for which you must pay.
- Dependent Care FSA covers eligible dependent care incurred so you can work.



## FSAFEDS (Continued)

- You cannot claim expenses on your Federal income tax return if you receive reimbursement for them from your HCFSA or DCFSA.
- You can be reimbursed from the HCFSA at any time during the year for expenses up to the annual amount you have elected to contribute.
- You may only be reimbursed from the DCFSA up to your current account balance.
- The administrative fees associated with the FSA's will be absorbed by NASA.



# Important Web Sites

OPM: [www.opm.gov](http://www.opm.gov)

Help in Choosing a Health Plan (PlanSmartChoice): [www.employeeexpress.gov](http://www.employeeexpress.gov)

Employee Express: [www.employeeexpress.gov](http://www.employeeexpress.gov)

Thrift Savings Plan: [www.tsp.gov](http://www.tsp.gov)

Long Term Care: [www.opm.gov/insure/ltc/index.htm](http://www.opm.gov/insure/ltc/index.htm)

NASA People: <http://nasapeople.nasa.gov/>

NASA Employee Benefits Statement: <http://nasapeople.nasa.gov/NEBS/index.htm>

Today at Glenn: <http://gbulletins.grc.nasa.gov/>